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APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/760,588	01/16/2001	Melton B. Affrime	rime AL01132K 4299				
TITLE OF INVENTION	V: TREATING ALLERG	HC AND INFLAMMA	TORY CONDITIONS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTA	AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740		08/28/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
JAGOE, DONNA A 161			514-290000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. [Schering-PloughPPatent] Group 2 3 [SCHERING-PLOUGHPPATENT]				
PLEASE NOTE: Unrecordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assign	ee data will appear on the IOT a substitute for filing at (B) RESIDENCE: (CIT	patent. If an assigned assignment.	OUNTRY)	i below, the doc	cument has been filed for
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5. Change in Entity State a. Applicant claim	tus (from status indicated s SMALL ENTITY statu		☐ b. Applicant is no lo		**************************************		
NOTE: The Issue Fee and interest as shown by the i	d Publication Fee (if requeecords of the United State	uired) will not be acceptes Patent and Tradema	ted from anyone other than				
Authorized Signature	a H	//		Date Ma	y 30, 20	008	
	Barry H. Jac	cobsen	n adar dengan kalan di na di kalan sa di magaliana di dinan sampusar	Registration N			
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